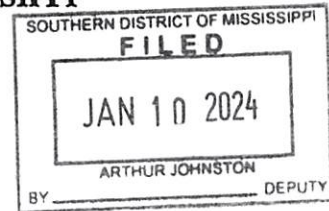


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983
**IN THE UNITED STATES DISTRICT COURT
 FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

COMPLAINT

CLIFTON 0247518
 (Last Name) (Identification Number)

CLIFF SS
 (First Name) (Middle Name)

MS DEPARTMENT OF CORRECTIONS
 (Institution)

3744MS-468 PCH, MS 39208
 (Address)

(Enter above the full name of the plaintiff, prisoner and address of plaintiff in this action)

V.

CIVIL ACTION NUMBER:

5:24-cv-4-DCB-LGI
 (to be completed by the Court)

(Enter the full name of the defendant(s) in this action)

GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated?
 Yes (☒) No (☐)
- B. Are you presently incarcerated?
 Yes (☒) No (☐)
- C. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?
 Yes (☐) No (☒)
- D. Are you presently incarcerated for a parole or probation violation?
 Yes (☐) No (☒)
- E. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?
 Yes (☐) No (☒)
- F. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?
 Yes (☒) No (☐)

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank.)

I. Name of plaintiff: Clifton Glass Prisoner Number: 0247518

Address: 3794 MS-468 WMDCC
PECH, MS 39208

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions and places of employment of any additional defendants.)

II. Defendant: ~~Clifton Glass~~ is employed as ~~Discharged~~
Pike County Jail at Pike County Jail

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: Clifton ADDRESS: WMDCC 3794 MS-468
Glass PECH, MS 39208

DEFENDANT(S):

NAME: Pike County ADDRESS: 2109 Jesse Hall
Jail Industrial Park Rd
MOBILE, MS
39652

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any lawsuits in a court of the United States? Yes () No (☒)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.)

CASE NUMBER 1.

1. Parties to the action: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

CASE NUMBER 2.

1. Parties to the action: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet(s) if necessary)

I WAS BEATEN BY SEVERAL OFFICERS WHILE IN HAND CUFFS MY TEETH HAVE BROKEN BEEN KICKED IN THE MOUTH & KICK OUT OF SOCKET I WAS LEFT CUFFED TO A CHAIR FOR 3 DAY WITH NO MEDICAL ATTENTION

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

TO SUE THEM FOR THE WAY I WAS TREATED

Signed this 4 day of January, 2024

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Clifford Glass
Signature of plaintiff
Cheryl
(Wife)